



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 3369

<b>SERIAL NUMBER</b> 09/299,522	<b>FILING DATE</b> 04/26/1999 <b>RULE</b>	<b>CLASS</b> 349	<b>GROUP ART UNIT</b> 2871	<b>ATTORNEY DOCKET NO.</b> 1026-068/MMM	
<b>APPLICANTS</b> J. TURNER WHITTED, PITTSBORO, NC; ERIC HORVITZ, KIRKLAND, WA; MICHAEL J. SINCLAIR, KIRKLAND, WA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/18/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 21034					
<b>TITLE</b> LCD WITH POWER SAVING FEATURES					
<b>FILING FEE RECEIVED</b> 1006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/299,522	04/26/99	349	2871	MS-62/2(1166

APPLICANT J. TURNER WHITTED, PITTSBORO, NC; ERIC HORVITZ, KIRKLAND, WA; MICHAEL J. SINCLAIR, KIRKLAND, WA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*None\*\*\*\*\*  
VERIFIED

DN

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*None\*\*\*\*\*  
VERIFIED

DN

\*\*FOREIGN APPLICATIONS\*\*\*\*\*None\*\*\*\*\*  
VERIFIED

DN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>DN</u> Examiner's Initials Initials					

SEE CUSTOMER NUMBER: 007265

ADDRESS

LCD WITH POWER SAVING FEATURES

TITLE

FILING FEE RECEIVED  \$1,006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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